

## MAINE DEPARTMENT OF PUBLIC SAFETY STATE FIRE MARSHAL'S OFFICE 52 STATE HOUSE STATION AUGUSTA, MAINE 04333-0052

(207) 626-3880 TEL (207) 287-6251 FAX

Application For:

# **Permit for Motor Vehicle Racing**

For the calendar year ending: **December 31**, \_\_\_\_\_

	Permanent ID:
	Permit Number:
	Date Issued:
	Action:  OK TO ISSUE  DO NOT ISSUE  By:
	Date:
	INSURANCE APPROVED Date:
	FEE Amount:
	Date Received:
	Check Number:
_	
	Other:

Name of Site of Snow:											
Location of Site (Street & Number):											
City/Town:		County:									
Telephone:	Fax:	Fax:		Other:							
☐ Traveling Show, see Itinerary attached.											
Type of Events: (Check all that apply)  Race Track  Mud Run  Go-Kart Racing	☐ Der	ng Racing molition Derby mer (specify):		Ice Racing Thrill Show							
Owner:											
Mailing Address:											
City/Town:	State:		Zip Code:								
Telephone:	Fax:		Other:								
	<u>'</u>		•								
Applicant (Name, Typed or Printed):											
Signature:											
Date:	Telephone:		Fax:								

FEE: \$300

If there are bleachers and/or grandstands at the facility, a letter from a licensed architect or professional engineer certifying that the bleachers and/or grandstands will support the expected load must be submitted with this application.

A certificate of general liability insurance must be submitted with this application. (See details on page 2 of this application).

Name of	Site or Sh	ow:	Year:									
☐ TRAVELING SHOW, ITINERARY												
From:	To:	Site Name:	Site Addres	s:	City/Town:	County:						
					,							
Use addi	tional sheet	ts as needed.										
Duplicate this form as needed.												
☐ FIXED LOCATION												
Opening D	ate:			Closing Date:								
N-4 (I :-4												
Notes (List operating dates, "Weekends Only", etc.):												

#### CERTIFICATE OF INSURANCE

The Certificate of Insurance MUST show coverage of **No Less Than \$1,000,000 General Liability**, and must indicate the **nature of the coverage** (Motor Vehicle Racing, Demolition Derby, etc.)

The Certificate of Insurance MUST show the following:

### **CERTIFICATE HOLDER:**

Maine Department of Public Safety State Fire Marshal's Office 52 State House Station Augusta, ME 04333-0052

## **CANCELLATION CLAUSE:**

The Standard wording must be changed to:

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will (DELETE <u>endeavor to)</u> mail <u>10</u> days written notice to the certificate holder named to the left. (DELETE: <u>But failure to mail such notice shall impose no obligation</u> or liability of any kind upon the company, its agents, or representatives.)

#### **INSPECTIONS:**

Inspections are required prior to opening. Call at least two (2) weeks prior to your scheduled opening date to schedule an inspection.